ARIZONA STATE BOARD OF HEALTH State File No. 138	
1 PLACE OF RIPTH	REGISTER OF BIRTH Registered No. 18
County Tila	
District or Township.	(
City Tlabe No. St., Ward	
City No. (If birth occurred in a hospital or institution, give its NAME instead of street and number) 2. Full name of child Horma See Bunch [Since Supplemental report, as directed.]	
3. Sex of Child To be answered ONLY 4. Twin, triplet or o in event of plural births. 5. No., in order of bi	ther 6. Legitimate? 7. Date of birth Oct. 8 1928
8. FATHER	MOTHER
Full name Walter Bruch	Full maiden name Elizabeth Fisher
9. Residence (Usual place of abode) Plake Aryona	15 Residence (Usual place of abode) Llole air
11 non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16 Color or race
White 11. Age at last birthday 2 (Yes	17. Age at last birthday (Years)
12. Birthplace (city or place)	18. Birthplace (city or place) Selva City,
(State or country) Anjona	(State or country) New Welking
13. Occupation	19. Occupation
Nature of industry Tabour	Nature of industry
20. Number of children of this mother. (a) Born alive and now living (b) 21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.) (b) Born ally certified and including this child.)	e but now dead
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was (Born slive or stillborn) at 3.3.0 H m. on the date above stated	
*When there was no attending physician or midwife, then the father, householder, Signature	T.C. Harper
etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Physician
Given name added from	(Physician or midwife).
a supplemental report Month, day, year Address Address	
Registrar Filed 2	11/8 1928 3. E. Wyhlore mas
528-1008-569	

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